

EXHIBIT 2



Accounting Office:

18111 Von Karman Ave, Suite 800, Irvine CA, 92612

For any accounting/billing related assistance, please go to

<https://www.community.nextgen.com/SuccessCommunityLogin>

or contact us at (888) 407-3126

Statement of Open Items

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Statement Date: 05/14/2019

Run Date: 05/14/2019

Customer ID: 106655

Customer:

Puerto Rico Department of Health

Departamento de Salud

PO Box 70184

SAN JUAN PR 00936

Document Nbr	Document Date	Document Type	Document Amount	Credited Amount	Paid Amount	Last Payment Date	Open Amount
90605747	09/30/2017	Subscriptions	10,000.00	0.00	(9,595.00)	01/03/2018	405.00
90618944	10/31/2017	Subscriptions	10,000.00	0.00	0.00		10,000.00
90630015	11/30/2017	Subscriptions	10,000.00	0.00	0.00		10,000.00
90641474	12/31/2017	Subscriptions	10,000.00	0.00	0.00		10,000.00
90658072	01/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90669595	02/28/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90687467	03/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
76509	04/19/2018	Payment	(6,895.00)	0.00	0.00		(6,895.00)
90700283	04/30/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90713243	05/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90725301	06/30/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90739534	07/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90752732	08/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90768517	09/30/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90784274	10/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90794961	11/30/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90805951	12/31/2018	Subscriptions	10,000.00	0.00	0.00		10,000.00
90822509	01/31/2019	Subscriptions	10,000.00	0.00	0.00		10,000.00
90833220	02/28/2019	Subscriptions	10,000.00	0.00	0.00		10,000.00
90844516	03/31/2019	Subscriptions	10,000.00	0.00	0.00		10,000.00
90857255	04/18/2019	Subscriptions	6,000.00	0.00	0.00		6,000.00
Nbr of Documents	0-30 DAYS	31-60 DAYS	61-90 DAYS	91-180 DAYS	181-365 DAYS	366 + DAYS	TOTAL DUE
21	\$6,000.00	\$10,000.00	\$10,000.00	\$30,000.00	\$60,000.00	\$63,510.00	\$179,510.00

Please remit payment to: NextGen Healthcare, Inc.
PO Box 511449
LOS ANGELES CA 90051